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A NATIONAL SYSTEM OF SANATORIA;

A PLEA AND A PROPHECY.

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OF NEW YORK.

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**A NATIONAL SYSTEM OF SANATORIA—A PLEA
AND A PROPHECY.**

BY SAMUEL S. WALLIAN, A.M., M.D.,
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It ought to be a remarkable assertion that up to this time there is in this country not a single health-institution, invalid-retreat, or sanatorium, founded, constructed, and conducted in full and perfect accord with recent advances in medical and sanitary science; yet it is extremely doubtful whether any intelligent apologist will either contradict or seriously attempt to refute the assertion. Hence, it is impossible to avoid the conviction that, in the light of the fairly revolutionary biologic and etiologic discoveries and demonstrations of the past ten or fifteen years, we shall soon be compelled to radically revise or perhaps totally discard the present system, if system it may be called, of locating, building, and managing sanatoria.

With few exceptions, existing institutions of this kind were built and are conducted on theories and practices, or possibly only on traditions that, with comparatively few and very conservative modifications, have prevailed for generations past. Many of them were built and equipped, and are operated solely from the sordid motive of money-making.



Some of them are merely the pronounced and arbitrary exponents of the medical fads and hobbies of physicians who rely on some one special or exclusive treatment, or who expatiate enthusiastically concerning the panacea of climatic influences, or the miraculous virtues of some gushing spring of earth-heated or mineral-tainted water. Others are simply invalid-hostelries, palatially and ostentatiously equipped and appointed structures, in which the fashionably sick, lame and lazy are periodically massed and charged unconscionable rates for the privilege of inhaling each other's breath, exchanging social scandals, or condoling with each other over real or hypochondriacal ailments. Millions are annually spent—for the most part squandered—by the invalid and semi-invalid classes at these resorts, either fashionable or advertisement-famous, the benefits realized being principally from the travel, the change of diet and surroundings, and the consequent mental diversion incurred.

Primarily, even as to location, it is evident that many, perhaps a majority of existing health-institutions were founded at sites selected more on account of the immediate proximity of some traditionally famous "mineral" springs, or with a view to fashionable accessibility and likelihood of popular patronage, than on account of sanatory, climatic, or hygienic considerations. In the matter of their construction and arrangement, the evident aim has been to secure the largest accommodating capacity possible for the amount of capital involved.

True, there is a margin of excuse in the fact that many, in fact nearly all, were built before sanitary

science had reached its present status ; but there are too many instances in which there has been a palpable disregard of known sanitary laws. In the general plans and arrangement, business expediency has been carefully considered, and commercial necessities have been made to cover a multitude of unsanitary sins. In consequence they are really *hôtels des invalides*, but in no accurate or modern sense are they sanatoria. Their managers are selected, not according to their competency as physicians and sanitarians, but for their natural aptness and tact as landlords. Considering existing standards and the incongruous conditions and demands to which they are obliged to cater, it is surprising to see how relatively well some of them acquit themselves. When they are proprietors they are expected, above all other considerations, to make money for themselves ; and, when merely salaried employés, for a mercenary capitalist or some heartless as well as thoughtless stockholders. They must, therefore, trim their sails and shape their courses to meet the whims and vagaries of a fickle and unintelligent popular fashion. It is quite time that this fashion, which is almost never based on real faith or confidence, rarely even on tradition, but usually on some contagious whim, should be intelligently coached and directed, instead of being systematically and annually flattered and fostered.

The divergence of these institutions from hygienic and scientific ideals is more glaringly apparent in the matter of construction than in any other particular. With so few exceptions that they are scarcely worth mention, they are all either hostelrys

or hospitals. As such they are fairly suited to the temporary entertainment of either guests or patients, but they are not at all adapted for the proper or prolonged treatment of chronic invalids. Hotels and hospitals are both very necessary ; but as a hotel is never a legitimate or permanent home, so a hospital can never be made a proper or efficient sanatorium.

If it were necessary to adduce evidence to confirm this assumption, it would suffice to cite the indisputable fact that all recent scientific and hygienic demonstrations unmistakably point in the direction of *segregation* as opposed to *congregation*, in the matter of housing and treating chronic invalids. In the present state of society, hotels and hospitals are indispensable ; but it matters not how palatial or well-appointed they may be, both are merely sanitary compromises, since in them the plan of isolating or dissociating patients is not and cannot be made possible.

In the matter of treating chronic invalids, it is now admitted by a growing consensus of authoritative opinion that there are no specifics, that old-time dosing has at best but a very limited province, and that a skilful and scientific adjustment of all salutary natural agencies does most, and often all that is done, or that can be done, toward the relief and betterment of the patient. It must be understood that the term "natural agencies" is very comprehensive, including at once all those forces, influences, and resources of nature now so freely and generally invoked by the modern physician and sanitarian ; climate, altitude, nutrition, asepsis, general hygiene, hydrotherapy, electricity, pure air,

sunshine, exercise, massage, the moral and social environment, etc.—an almost interminable list.

How many of the existing "health" institutions are either situated or constructed so that the essential details of any such comprehensive or in fact of any rational system of treatment can be even approximately carried into effect? Taking into consideration the system or rather un-system under which they were organized, and the absence, at the time they were built, of some of our present sanitary light, it must be admitted that some existing institutions are doing decidedly creditable work; but it is evident that, hampered by that system and primary drawback, they can never hope to approximate an ideal standard of attainment. And while it is freely admitted that there are painstaking and conscientious workers in this field, none better than they realize their utter but inevitable limitations.

Another very serious drawback to the existing state of things is that individualized institutions, like any other independent organizations, are naturally, and must always remain, competitors. As a consequence they are in a commercial, and altogether too often in a professional, sense antagonistic. Each is duly bound to herald its own claims and asserted advantages as wholly peculiar to itself, and decidedly superior to any found elsewhere. In this imperfect world this spirit inevitably leads to detraction and misrepresentation, fosters professional jealousies, and results in frequent instances in patients being induced to seek climates and locations manifestly unsuited to their individual conditions or circumstances.

Still another considerable objection to the existing system is its relative costliness. "Well-appointed" hostelries necessarily entail heavy expense in the matter of show structures and extravagantly luxurious furnishings and equipments. It follows that so long as so-called sanatoria are virtually patterned after merely high-toned hotels, well adapted to the entertainment of miscellaneous guests, including semi-invalids, social adventurers and malcontents, periodic travellers, and that annually increasing class of the discontented victims of mere *ennui*, whose time and, possibly, money both hang heavily on their hands; in short, until the newer demands in the matter of construction and arrangement of these institutions shall have been carefully considered and practically met, this item of comparatively needless expense is implied and cannot be avoided.

That existing "health-resorts" are liberally patronized, and that many of them are annually compelled to enlarge their facilities, by no means proves that they are in any sense model institutions, not even that they are passably unobjectionable, hygienically speaking, as popular resorts. Their success is more a matter of advertising tact and fashionable preference than from any valid claims for sanatory merit. This is sufficiently evident from the quite too frequent reports of infectious and easily preventable epidemics that somewhat more than rarely occur at these places. At the same time, the immense patronage annually and eagerly accorded to them, abundantly proves the existence of a persistent and steadily growing demand for

properly planned, equipped and conducted sanatoria.

How can the requirements of modern science be met? The first and most important step is unquestionably in the direction of the segregation or semi-isolation of sick people. No set arguments are needed to substantiate this position; every microscopic revelation in the biologic field for the last ten years has reasserted it. The laws of antisepsis, all the discoveries pertaining to the processes of infection, contagion and disinfection corroborate it; the necessity for it has become pronounced and unmistakable. To accomplish it, in any thoroughly practical and effective sense, implies the cottage and dormitory plan of building, both of hospitals and sanatoria. Happily, the sanitary arguments are not the only ones to be adduced in favor of this plan. By this plan the necessity for massive, palatial, excessively ornate—and, therefore, unnecessarily costly—structures is at once obviated. It calls for a central rendezvous and supply-house, which may be very simple in design and yet architecturally tasteful, surrounded at sanitarially safe distances by groups of detached and preferably *portable* cottages, varying in design and finish from the simplest rusticity to the most ornate, to suit the tastes and purses of every grade of patrons; but which, above all else, must be perfectly adapted to the uses and purposes for which they are designed.

It is assumed that the requirements of economy as to original outlay are decidedly in favor of the cottage plan of building; but even if the reverse were shown to be the case, if rational deductions

from well-demonstrated and now generally admitted data are to receive practical recognition at the hands of sanitarians and the general profession, it is quite evident that in the light of recently demonstrated sanitary science, the massing of invalids in large single edifices can no longer be tolerated. Furthermore, measured by the question of practical results, the problem of ultimate economy can have but one solution, and that in favor of the cottage plan, no matter what might be indicated by the figures of the original outlay.

Two vitally important questions remain to be considered: First, how to effectually eliminate the disastrous element of undignified and unscrupulous competition. Second, how to formulate a practical business basis on which to organize any implied or proposed "new departure."

As a possible and apparently feasible solution of the first I suggest the organization of *A National System* (or Chain) *of Sanatoria*, the same to be planned and conducted under one coördinate and coöperative management, if the term "coöperative" may be used in its higher sense and without prejudice on account of its much abuse, and if medical politics and professional jealousies can be kept in abeyance sufficiently for the purpose. Can it be that in the latter years of the nineteenth century these are impossible conditions? On the contrary, is it not true that, in all matters pertaining to sanitation and medical practice, whatever is scientifically shown to be necessary can be made practically feasible. From a commercial point of view there need

be no hesitation, and certainly the profession must at all times hold itself in readiness to assume any attitude or to make any advance that science may demonstrate to be at once both logical and necessary, as well as ultimately inevitable.

It is not the design of this paper to suggest details, but the plan itself, in outline, palpably involves the location and organization of a considerable number of separate yet associate institutions at the most desirable sites to be found throughout the country; the selection of a central medical board, and of a local auxiliary board in every city and town of any size, these boards to be composed of progressive and representative physicians, who would enter into the spirit of the movement with some degree of professional enthusiasm, and who in their respective localities would act as referees, advisors, and examiners for the system. Such a body of medical experts as could be selected to compose these boards would unquestionably command the respect and unhesitant confidence of the entire community. Their examinations and advice, unbiassed by narrow prejudices or by personal interests and preferences, would be universally accepted, and would serve to prevent the sending of applicants to climates and locations manifestly unsuited to their individual conditions. This latter item of itself would be a great advance over the present practice. In the composition of these boards, if only men of broad culture, liberal views and genuine professional honor be allowed to acquire influence in connection with the management, and if medico-political cliques can be rigidly

avoided, there need be no difficulty in securing the requisite degree of professional harmony.

It can hardly be doubted that such a system of sanatoria, intelligently organized on thorough business principles and directed by good and earnest men—of whom there is no dearth in the profession—would be accorded a patronage unprecedented in the history of medicine, or rather in the history of health-seeking. The country is full of invalids, and doubtless always will be. At present not one in ten of those who ought to be in some well-equipped institution, specially adapted to their conditions, can be persuaded to present himself for treatment, for the very cogent reason that, considering the cost, commensurate results are not sufficiently promising, or because the various and contradictory advice vouchsafed by different authorities is so bewildering that he comes to lose faith in all climates, localities and institutions. On the other hand, under the proposed system, each locality would have its board of three, five or more skilled physicians, before whom applicants could go with every assurance that in giving advice their cases would be fully investigated and their future interests carefully conserved.

Again, under such a systematic and eminently rational arrangement many of those absolutely hopeless cases, now either selfishly or injudiciously sent away from home and friends only to quickly decline and die, would be frankly and considerably advised to spare themselves the risk, fatigue and expense of a worse than fruitless journey. While this course should unquestionably be universally followed for

the reason that it is infinitely more humane to all such patients, it would also prove far better for the reputations of sanatory institutions. On the other hand, hundreds of cases unquestionably amenable to systematic treatment at a well-regulated sanatorium, but which, for reasons indicated, do not now seek these institutions, under such advice as has been outlined would eagerly and early apply for care and treatment. Thus, while the patronage would be constantly and substantially increased, its general character would at the same time be materially improved by the exclusion of patients in the last or hopeless stages, as also those afflicted with incurable diseases, cases whose presence in any, except it be a special institution, results in no good to them, while it acts as a serious depressant and menace to others.

Theoretically the foregoing suggestions seem plausible. Can they be made to materialize?

It has passed into a proverb that doctors are neither capitalists nor good business managers; but, as with all such sweeping rules, there must be plenty of exceptions. Capitalists are not presumed to appreciate all the sanitary and scientific arguments adduced; they demand commercial proofs. But if barely one per cent. of the active practitioners of the United States would combine, each contributing his influence and a very modest amount of spare capital, such a promising nucleus would be secured that plenty of capital would soon be found seeking the investment.

If the proposition seems chimerical on account of its implied financial magnitude, what shall we say

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of the numerous quack medicine schemes that are so readily floated in the stock market, each on the basis of several millions of capital stock?

Gentlemen of the profession, are you ready for the question?

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